Name in Full | Certificate of Death

Franklin Allen Dec 27th 198

Died at Town near St James County Washington County MARYLAND

Date 189 Month November Day 28th Age Y. 48 M. year D. Native of Virginia Occupation Laborer

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Franklin Allen Ella Belle Warfield

Father's Name

Mother's Name Isabella Warfield

Cause of Death Primary Valvular Disease of the heart How long sick six months

Immediate no 57 Accident, Suicide, Homicide

Reported by John T. Gimes

Address Williamsport Washington County Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060

Name in Full

Certificate of Death

Susanna Baker

Died at Town: Boonsboro County: Washington MARYLAND

Date 1899 Month: Nov Day: 19 Age Y. 82 M. 10 D. 18 Native of Maryland Occupation Nothing

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Otho Baker

Father's Name John Stonebraker Mother's Name Lydia Ann

Cause of Death: Primary Gastritis 81 How long sick 5 days

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Richd. T. Duckett M.D

Address Boonsboro Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

Clarence M Barnhart

Died at Town Clearsville County Washington MARYLAND

Date 189 5 Month Nov Day 10 Age Y. 2 M. 2 D. 5 | Native of Md ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

161

Father's Name Edward Barnhart Mother's Name Sarah Barnhart

Cause of Death { Primary Died before Physician How long sick 1 day

Immediate could be called ~~Accident, Suicide, Homicide~~

Reported by Dr S W Ernstat.

Address Clearsville Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Jas Wm Boring

Died at Town Hagerstown County Washington MARYLAND

Date 189 5 Month Nov Day 21 | Age Y. 60 M. 2 D. 4 | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

Husband Wife of Anna M ~~Boring~~ Wolford

Father's Name Levi Boring

Mother's Name Mary J Leonard

Cause of Death: Primary Paralysis 44

Immediate "

How long sick 2 days

Accident, Suicide, Homicide

Reported by E A Frankenn M.D

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Certificate of Death

Name in Full

Kate Bovey

Died at Town Boonsboro County Washington MARYLAND

Date 189 Month Nov. Day 25 | Age Y. 31 M. 5 D. 8 | Native of Md | Occupation Housewife

~~Male~~ Female. White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

~~Husband~~ Wife of Chas. N. Bovey

Father's Name Alfred C. Hutter Mother's Name Sarah Toms

Cause of Death { Primary Typhoid Fever 1 | How long sick 22 days

Immediate Intest. Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by Dr. Siebert-Davis M.D.

Address Boonsboro Washington Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full Josephine Burger

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Nov. Day 18 | Age Y. 1. M. 11. D. 21 | Native of Hagerstown | Occupation Child

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

Husband of
Wife

Father's Name Adam Burger

Mother's Name Mary Kammerer

Cause of Death: Primary Diphtheria

Immediate

How long sick 6 days.

~~Accident, Suicide, Homicide~~

Reported by W B Morrison M D

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mrs Mary Jane Churchy

Died near Town Trego County Washington MARYLAND

Date 1895 Month 11 Day Age Y. M. D. Native of Md. Occupation Housewife

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Israel Churchy deceased

Father's Name Mother's Name

Cause of Death Primary 224 How long sick 12 months

Immediate Tuberculosis ~~Accident, Suicide, Homicide~~

Reported by H. M. Nihiser

Address Kedysville Maryland

Must be signed by physician, ~~if any in attendance, otherwise by coroner, undertaker or minister.~~

LIBRARY BUREAU, 65968

Name in Full

Clarence Clark

Certificate of Death

Died at Town: New Hope County: Washington MARYLAND

Date 189 8 Month: Nov Day: 2 Age: Y. 1 M. 2 D. Native of: Maryland Occupation: ——

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Samuel Clark Mother's Name: Susan Jane

Cause of Death: Primary: Bronchial Pleurisy 22a How long sick: 6½ months

Immediate: General Exhaustion. ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Frank Newcomer M.D.

Address: Frostburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F6888

Name in Full

Certificate of Death

William Armstrong Collins

Died at Town: Hagerstown County: Washington MARYLAND

Date 1898 Month: Nov. Day: 4th Age Y. 64. M. 8 D. 12 Native of Kentucky Occupation Literary Pursuits

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 7.

Husband ~~Wife~~ of Elizabeth Shiloh Pittsburg Pa.

Father's Name Richard Collins Mother's Name Mary Armstrong

Cause of Death: Primary Pneumonia 72 How long sick 3 days.

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address A. S. Mason

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5968

Name in Full: Mary Henson

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1898 Month: Nov Day: 11 Age Y. M. D.: 63 · 7 - 14 Native of: Md Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: one

~~Husband~~ Wife of: Alex Henson

Father's Name: Jacob Reidenour Mother's Name: Sarah Hose

Cause of Death: Primary: Heart & Liver Disease 5-7 How long sick: one year

Immediate: Apnoea ~~Accident, Suicide, Homicide~~

Reported by: J McPscott

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Leveria Kershner

Certificate of Death

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1898 — Month: Nov — Day: 16 — Age: Y. 19 M. D. — Native of: Md — Occupation: House WR

Male — White — Married — Widow — Divorced

Female — Colored — Single ✓ — Widower — Number of children living

Husband of Wife

Father's Name: Joseph Kershner — Mother's Name: Hellen A. Hoover

Cause of Death — Primary: Typhoid fever — How long sick: 2 weeks

Immediate: Perforation — Accident, Suicide, Homicide

Reported by: E A Wareham

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Elsie Kline

Certificate of Death

Died at Rocky Springs (Town) Washington (County) MARYLAND

Date 1898 Month 11-30 Day | Age Y. 2 M. 2 D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Barnard Liberty

Address Libertytown 12-8

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Margaret Moatz

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month nov Day 3 | Age Y. 8 M. D. | Native of Md | Occupation Child

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of ✓

Wife

Father's Name ✓

Mother's Name

Cause of Death: Primary 161 — How long sick since birth

Immediate — ~~Accident, Suicide, Homicide~~

Reported by W. H. Thomson

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full: David Poffenberger

Certificate of Death

Died at: Town: Near Boonsboro; County: Washington; MARYLAND

Date 1898: Month 11, Day 22

Age: Y. 66, M. 5, D. 15

Native of: Md

Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living: 4

Husband ~~Wife~~ of: Catherine Shumaker

Father's Name: Henry Poffenberger

Mother's Name: Susan Little

Cause of Death:
- Primary: Heart Disease
- Immediate: Dropsy

How long sick: About 6 months

57

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: N. M. Hendricks W.D.

Address: Keedysville Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Joseph Frelinghuysen Rohrer

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month 11 Day 30 | Age Y. 54 M. 9 D. | Native of Rohrersville | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married Widow Widower | ~~Divorced~~ | Number of children living 3

Husband of Wife Ann Mary Stine

Father's Name Joseph Rohrer

Mother's Name Elizabeth Thomas

Cause of Death: Primary Cancer of Liver & Stomach. How long sick 3½ Months

Immediate Marasmus

~~Accident, Suicide, Homicide~~

256

Reported by C. D. Baker

Address Rohrersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full — Certificate of Death

George Dallas Shoop

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Nov Day 2 | Age Y. 53 M. 11 D. 5 | Native of Md. | Occupation Blacksmith

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Amanda V Kepir

Father's Name Henry Shoop

Mother's Name Elizabeth Frach

Cause of Death — Primary: Uraemic Congestion. How long sick 12 hrs

Immediate: Uraemia 10D

~~Accident, Suicide~~ Homicide

Reported by J W Morrison

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Clarine F Swartz

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month 11 Day 23 Age Y. 45 M. 6 D. 14 Native of Hagerstown Occupation work House

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John D Swartz

Mother's Name Mary Ee. Swartz

Cause of Death Primary Burned

Immediate Shock

14 [illegible]

How long sick 4 hrs

~~Accident~~, Suicide, ~~Homicide~~

Reported by J. Ee. Pitsnogle

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Nama in Full Jno A. Tiltow. Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Nov Day 3 (2) Y. M. D. Aga 2 11 Native of Occupation

Male White Married Widow Divorced

Female Colored Singla Widower Number of children living

Husband of Wife

Fathar's Name David Tiltow Mother's Name Mary J.

Cause of Death Primary Diphtheria 8a How long sick one weeks

Immediate Accident, Suicide, Homicide

Reported by E. A. Wäckham

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Albert Roscoe Valentine

Died at Town: Keedysville County: Washington MARYLAND

Date 1898 Month: 11 Day: 11 Age Y.: 1 M.: 6 D.: 18 Native of: Md Occupation: ——

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ Child of

Father's Name: W. A. Valentine Mother's Name: Martha S. Emerson Valentine

Cause of Death: Primary: Bronchitis 69. How long sick: 3 Weeks

Immediate: Cerebral Meningitis ~~Accident, Suicide, Homicide~~

Reported by: W. M. Nihiser

Address: Keedysville Maryland

Must be signed by physician, ~~[illegible] attendance, otherwise by [illegible], undertaker or minister.~~

LIBRARY BUREAU, 65968

Name in Full Harry Weaver

Certificate of Death

Died at Town Benevola County Washington MARYLAND

Date 1898 Month Nov Day 14 | Age Y. 28 M. 1 D. 22 | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Mary Lynch

Father's Name Frisby Weaver | Mother's Name Helen Shellito

Cause of Death: Primary Cerebellar Hernia | How long sick 9 mos.

Immediate 40

~~Accident, Suicide, Homicide~~

Reported by S. S. Davis M. D.

Address Boonsboro. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968